MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 526423 FILING DATE

APPLICANT(S)

CLAIMS

l		AS F	ILED	AF	TER	AFTER		
	IND.		DEP.	IND.	DEP.	IND.	DEP	
1	7	П	. /				DEI	
2	`		1/,					
3		\longrightarrow	4					
5	- -	-4	* 3	 				
6	1	/	\Rightarrow	 				
7	-	,	4/					
_ 8	7~		7					
9								
10								
11	-		-					
12 13	-							
14	-							
15	┪							
16	1-	-						
17	1	\neg		 -				
18								
19	1							
20	4							
21								
22	1-							
24	1							
25	 	-						
26								
27						}-		
28								
29	!	-						
30 31	 			— <u> </u>				
32	 						· .	
33		-					·	
34								
35						- -		
36								
37	-							
38 39								
40								
41		_			 -			
42 .								
43		\bot						
44								
45 46						\Box		
47		+						
48								
49						}- -		
50							1	
TAL IND.	1		\$		春		\$	
TALDET	4		<u> </u>		3	*	x .	
OTAL LAIMS	5	03		188		280	36984	

			AS FILED		AFTER CAMERDMENT			AFTER				
			IND.	DE	DEP.		IND.		DEP.			OMENT
I	51						-	DEI	-	IND	4	DEP
ł	<u>52</u> 53			├							+	
ł	54			 			_				_	
I	55			 	-		-		-1		\Box	
	56				-		ᅱ		-1		4	
-	57	_					┪		1		+	
ŀ	<u>58</u> 59	-			_				7		+	
ŀ	60	7			4		4		1		工	
I	61	7	· ·		-		4		4		I	
L	62	\Box			7		+		4		4	
-	63	4					7		1		╁	
ŀ	64 65	-			_[\Box		1		†	
H	66	+			4	-	4		\mathbf{I}		1	
	67	7					╪		1		1	
	68				+		╁		╂		╀	
L	69	4			1		1		t		╁╴	
-	70 71	- -					I				1-	
-	72	+			-		1					
	73	1			1-		╀		╀		! _	
	74				1-		+		╂		-	
H	75	4					1		1-		1-	
┝	76 77	-			1_		Γ					
┢	78	╁			-		1		_			
	79 .	1			1-		╁		-		<u> </u>	
	80	I			1		†		1		-	
-	81	1_					Ŀ					
-	82 83	1-			_		L					
-	84	1-			 		╀		-		_	
	85				1-		╁		┝			
<u> </u>	86			``			T		_			
	87	!								-		
-	88 89	 			 -		1_					\Box
	90.	1	-+		-		╀		_			
	91 ·				_		1		-			-
	92	<u> </u>										
	93 94				<u> </u>		_					
	95				-		<u> </u>		_			
	96				┝		_					
	97											
	98 99	-								\Box		\Box
	00	-						{	_			\dashv
	AL DED.	_		-	_			_ 	_	-	_,	-
		<u> </u>		4			`	8			∳	-
	UL DEP	_		8			4				◆ □	
	ADES				_	7	Į.					題
				DEPART	MEA	T + C0						